

ASSESSMENT IN PRACTICE

MIDWIFERY

YEARS 1, 2 & 3

Common Assessment Document

Part 2

EC requirements and attendance record

Name of student: _____

Student ID number: _____

Year/Cohort: _____

University	Please tick
Bradford	
Hull	
Huddersfield	
Leeds	
Sheffield Hallam	
York	

Please note: Once completed the identified University will retain this assessment document as part of the requirements for midwifery registration.

If found please return to:

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Introduction

The purpose of part 2 of the Common Assessment Document is to ensure there is an accurate auditable record of practice requirements, including all European Union requirements, completed practice hours, study days, and reflective learning attendance during the midwifery programme. The document should be safely stored at all times and any recorded information should meet the standards of good record keeping and confidentiality. At designated times specified by each individual University the student will be required to submit the document for review.

Signature Information

The first time anyone writes in this record the person is required to clearly record his or her details and signature below:

Date	Signature (Print Name) Specimen signature	Placement Area	Sign Off Mentor/ Mentor	Date of annual mentor update	Date of triennial review	Nursing Mentor/ Practice Supervisor

Signature Information (Continued)

The first time anyone writes in this record the person is required to clearly record his or her details and signature below:

Date	Signature (Print Name) Specimen signature	Placement Area	Sign Off Mentor/ Mentor	Date of annual mentor update	Date of triennial review	Nursing Mentor/ Practice Supervisor

Signature Information (Continued)

The first time anyone writes in this record the person is required to clearly record his or her details and signature below:

Date	Signature (Print Name) Specimen signature	Placement Area	Sign Off Mentor/ Mentor	Date of annual mentor update	Date of triennial review	Nursing Mentor/ Practice Supervisor

Signature Information (Continued)

The first time anyone writes in this record the person is required to clearly record his or her details and signature below:

Date	Signature (Print Name) Specimen signature	Placement Area	Sign Off Mentor/ Mentor	Date of annual mentor update	Date of triennial review	Nursing Mentor/ Practice Supervisor

1.0 PERSONAL INFORMATION

1.1 QUALIFICATIONS

QUALIFICATIONS GAINED	SUBJECT AREA	AWARD	DATE
FURTHER AND HIGHER EDUCATION			
QUALIFICATIONS	SUBJECT	GRADE	DATE

1.2 PREVIOUS EMPLOYMENT HISTORY

Name of previous employer	Position held	Period of employment (From – To)	Description of job activities, level of expertise and relevance to course if applicable

[illegible]

1.3 ASSESSMENT / EXAMINATION RESULTS

YEAR 1	MODULE CODE	MODULE TITLE	RESULT
	HECS 1090	Biological Knowledge for Practice 30 credits	
	HECS 1100	Learning Together, Working Together 30 credits	
	HECS 1101	Fundamentals of Midwifery Practice 60 Credits	
YEAR 2	MODULE CODE	MODULE TITLE	RESULT
	HECS 2189	Midwifery Theory and Practice 1 40 Credits	
	HECS 2190	Midwifery Theory and Practice 2 40 Credits	
	HECS 2191	Midwifery Theory and Practice 3 40 Credits	
YEAR 3	MODULE CODE	MODULE TITLE	RESULT
	HECS 3254	Dissertation 30 Credits	
	HECS 3258	Preparing for Midwifery Practice 40 Credits	
	HECS 3259	Becoming a Midwife 40 Credits	
	OPTION	_____ 10 Credits	

2.0 RECORD OF EUROPEAN UNION REQUIREMENTS

2.1. Advising of pregnant women involving at least 100 antenatal examinations.

Date and signature of mentor required.

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Advising of pregnant women involving at least 100 antenatal examinations.				
24)				
25)				
26)				
27)				
28)				
29)				
30)				
31)				
32)				
33)				
34)				
35)				
36)				
37)				
38)				
39)				
40)				
41)				
42)				
43)				
44)				
45)				
46)				
47)				
48)				
49)				
50)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Advising of pregnant women involving at least 100 antenatal examinations.				
51)				
52)				
53)				
54)				
55)				
56)				
57)				
58)				
59)				
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61)				
62)				
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71)				
72)				
73)				
74)				
75)				
76)				
77)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Advising of pregnant women involving at least 100 antenatal examinations.				
78)				
79)				
80)				
81)				
82)				
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98)				
99)				
100)				
101)				
102)				
103)				
104)				

2.2 Witness 10 births.

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

2.3. Supervision and care of at least 40 women in labour

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Supervision and care of at least 40 women in labour				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				
26)				
27)				
28)				
29)				
30)				
31)				
32)				
33)				
34)				
35)				
36)				
37)				
38)				
39)				
40)				

2.4 Record of 40 births you have personally conducted.

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				
26)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Record of 40 births you have personally conducted				
27)				
28)				
29)				
30)				
31)				
32)				
33)				
34)				
35)				
36)				
37)				
38)				
39)				
40)				

2.5. Repair of perineal trauma (including episiotomy and simulation no specified number)

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments

2.6. Active participation with breech births or practice in a simulated situation.

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments

2.7. Record of experience of observing and performing vaginal examinations

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments

2.8 Supervision and care of 40 women "at risk" in pregnancy, labour or the postnatal period

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
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17)				
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20)				
21)				
22)				
23)				
24)				
25)				
26)				

2.9. Supervision and care (including examinations) of at least 100 postnatal women and healthy new-born babies.

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Supervision and care (including examinations) of at least 100 postnatal women and healthy new-born babies.				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				
26)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Supervision and care (including examinations) of at least 100 postnatal women and healthy new-born babies.				
27)				
28)				
29)				
30)				
31)				
32)				
33)				
34)				
35)				
36)				
37)				
38)				
39)				
40)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Supervision and care (including examinations) of at least 100 postnatal women and healthy new-born babies.				
41)				
42)				
43)				
44)				
45)				
46)				
47)				
48)				
49)				
50)				
51)				
52)				
53)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Supervision and care (including examinations) of at least 100 postnatal women and healthy new-born babies.				
54)				
55)				
56)				
57)				
58)				
59)				
60)				
61)				
62)				
63)				
64)				
65)				
66)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Supervision and care (including examinations) of at least 100 postnatal women and healthy new-born babies.				
67)				
68)				
69)				
70)				
71)				
72)				
73)				
74)				
75)				
76)				
77)				
78)				
79)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Supervision and care (including examinations) of at least 100 postnatal women and healthy new-born babies.				
80)				
81)				
82)				
83)				
84)				
85)				
86)				
87)				
88)				
89)				
90)				
91)				
92)				

Number	Date	Identification number (If applicable to specific University)	Sign off mentor/mentor Signature/print name	Comments
Supervision and care (including examinations) of at least 100 postnatal women and healthy new-born babies.				
93)				
94)				
95)				
96)				
97)				
98)				
99)				
100)				
101)				
102)				
103)				
104)				
105)				
106)				

3.0 CLINICAL HOURS RECORD

BSc (Hons) Midwifery. Name:_____

YEAR ONE Semester 1

Please complete this attendance record daily.

[illegible]

Verified by: print name:

Date:

Signature:

BSc (Hons) Midwifery. Name:

YEAR ONE Semester 2a.

Please complete this attendance record daily.

[illegible]

3.2 BSc (Hons) Midwifery. Name_____

YEAR TWO Semester 1.

Please complete this attendance record daily.

[illegible]

Verified by:	Print Name
Signature:	

Date:

Please complete this attendance record daily.

[illegible]

Date:

Signature:

3.3 BSc (Hons) Midwifery. Name:_____

Please complete this attendance record daily.

[illegible]

[illegible]

Verified by: print name:

Date:

Signature:

4.0 RECORD OF ATTENDANCE AT STUDY DAY/SESSION

BSc (Hons) Midwifery YEAR ONE

Name:

Please complete this if you attend any external study days/sessions (e.g. BFI Days, Student Conference). Attendance should be verified by the relevant personnel organising the study day/session.

Date	Title of Study Day/Session Venue/Organiser	Hours Attended	Signature	Print Name

Comments:

4.0 RECORD OF ATTENDANCE AT STUDY DAY/SESSION

BSc (Hons) Midwifery YEAR TWO

Name:

Please complete this if you attend any external study days/sessions (e.g. BFI Days, Student Conference). Attendance should be verified by the relevant personnel organising the study day/session.

Date	Title of Study Day/Session Venue/Organiser	Hours Attended	Signature	Print Name

Comments:

4.0 RECORD OF ATTENDANCE AT STUDY DAY/SESSION

BSc (Hons) Midwifery YEAR THREE

Name:

Please complete this if you attend any external study days/sessions (e.g. BFI Days, Student Conference). Attendance should be verified by the relevant personnel organising the study day/session.

Date	Title of Study Day/Session Venue/Organiser	Hours Attended	Signature	Print Name

Comments:

7.0

ONLINE EVALUATIONS

[illegible]

Missed taught sessions

Must be completed for every session missed

Date and time of missed session	Module code, Leader and session topic	Plan for recovery of missed learning (to be discussed and agreed with module leader of session facilitator)	Signature of module leader

Missed taught sessions

Must be completed for every session missed

Date and time of missed session	Module code, Leader and session topic	Plan for recovery of missed learning (to be discussed and agreed with module leader of session facilitator)	Signature of module leader

Missed taught sessions

Must be completed for every session missed

Date and time of missed session	Module code, Leader and session topic	Plan for recovery of missed learning (to be discussed and agreed with module leader of session facilitator)	Signature of module leader